## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE	below or directed otherwise ns. CE ADDRESS (Note: Use Block 1 fo		specifying				for domestic mailings of the for any other accompanying tent or formal drawing, musi-		
Kenneth A Weber Townsend & Townsend & Crew 8th Floor Two Embarcadero Center San Francisco, CA 94111-3834					Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Patricia Andrews (Depositor's name)				
06/2006 HVUONG2 00000 FC:1501 1400.00		<b>JO</b>			Patricia	a andre	· · · · · · · · · · · · · · · · · · ·		
FC:8001 45.00	DA					2006	(Date)		
APPLICATION NO. 09/807,556	97/30/2001	L	FIRST NAMEI			ATTORNEY DOCKET NO.	CONFIRMATION NO.		
TITLE OF INVENTION: S	ELECTIVE TOXICITY OF	AMINO-TERMIN		•		15280-3711US Y POLYPEPTIDES	9130		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	)	\$0		\$1400	01/05/2006		
EXAM	MINER	ART UN	IIT	CL	ASS-SUBCLASS	]			
GEBREYESU	S, KAGNEW H	1652			435-195000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1 363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND						and the farmation of the first of the			
recordation as set forth in	n 37 CFR 3.11. Completion	of this form is NO	T a substitute	for filing	g an assignment.	ee is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	EE	(B	3) RESIDENC	CE: (CIT	Y and STATE OR COU	JNTRY)			
DEPARTMENT OF	F HEALTH AND HU	JMAN SERVI	CES, Be	thes	da, MD 20892				
Please check the appropriate			nted on the p		☐ Individual ☐ Co	orporation or other private gi	oup entity Government		
Issue Fee				A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of	Advance Order - # of Copies 15			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).					
	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SMAI	LL ENTITY status. See 37 C	CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss rublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if and I from anyone Office.	ny) or to to the other th	e-apply any previously an the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or t	ation identified above. he assignee or other party in		
Authorized Signature	Ol	6	_		Date	January 3, 200	6		
Typed or printed name _(	Chuan Gao			.·	Registration	No. <u>54,111</u>			
This collection of information	on is required by 37 CFR 1.3	311. The informatio	n is required	to obtain	or retain a benefit by the	he public which is to file (an	d by the USPTO to process		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

January 3, 2006

**Application Number** 09/807,556 Filing Date July 30, 2001 First Named Inventor Susanna, Rybak M. Art Unit 1652 **Examiner Name** Kagnew H. Gebreyesus Attorney Docket Number 015280-371100US

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Total Number of Pages in This Submission		Attorney bocket Number		<sup>51</sup>   01	015280-371100US			
ENCLOSURES (Check all that apply)								
Amend  Extens  Expres  Informa  Certifie  Docum	Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Paper  Petition  Petition to Convert to a Provisional Application Power of Attomey, Revo Change of Corresponde  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table  arks  The Commissi Account 20-14	ocation nce Address on CD oner is author 30.	Returr Form; duplica	harge any additional fees to Deposit		
	SIGNA	TURE	OF APPLICANT, A	TTORNEY,	OR AG	ENT		
Firm Name Townsend and Townsend and Crew LLP								
Signature	Oe.		2					
Printed name Chuan Gao								
Date January 3, 2006				Reg. No.	5/ 11	11		

## **CERTIFICATE OF TRANSMISSION/MAILING**

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Signature	Patricia andus		
Typed or printed name	Patricia Andrews	Date	January 3, 2006